

EV633203020**Declaration and Power of Attorney for Patent Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CUFFS FOR MEDICAL APPLICATIONS** Attorney Docket No. _____, the specification of which

(check one) ☒ is attached hereto.

☐ was filed, with my authority, on _____
as Application Serial No. _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to in the declaration.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

And I hereby appoint the attorneys associated with **Customer No. 021567**, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION TO:

WELLS ST. JOHN P.S.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828
Telephone: (509) 624-4276
(PTO Customer No. 021567)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned to this Declaration and Power of Attorney hereby authorizes the U.S. attorneys named herein to accept and follow instructions from

P.L. BERRY & ASSOCIATE, 61 Cambridge Terrace (P.O. BOX 1250) Christchurch, New Zealand

[Firm Name and Address]

as to any actions to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys will be so notified by the undersigned.

Full name of sole or first joint inventor SHAW, David, Peter

Inventor's signature _____

Date 11 Dec 2005

Residence: **Cossars Road, Tal Tapu, R.D. 2, Christchurch, New Zealand**

Citizenship **NEW ZEALAND**

Post Office Address: **(as above)**

Full name of second joint inventor, if any _____

Second Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____

Full name of third joint inventor, if any _____

Third Inventor's signature _____ Date _____

Residence _____

Citizenship _____

Post Office Address _____